



SUP # 2011-0026

## Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 2855 Duke St. Alexandria Va  
ZONE: CL TAX MAP REFERENCE: 062.03-0A-039 22314

### APPLICANT'S INFORMATION:

Applicant: Melinda NAFF Business/Trade Name: MON SANCTUAIRE  
Address: 2855 Duke St. Alexandria Va 22314  
Phone: 703-304-6537 Email: MNAFF@COX.NET

### PROPOSED USE:

- |   |  |
|---|--|
| <input type="checkbox"/> Day Care Center        | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Light Auto Repair      | <input type="checkbox"/> Outdoor Dining (exclude King Street Retail Overlay) |
| <input type="checkbox"/> Overnight Pet Boarding | <input type="checkbox"/> Live Theater  |
| <input type="checkbox"/> Outdoor Garden Center  | <input type="checkbox"/> Outdoor Food and Crafts Market Center               |
| <input type="checkbox"/> Catering Business      | <input type="checkbox"/> Outdoor Display                                     |
| <input type="checkbox"/> Valet Parking          | <input checked="" type="checkbox"/> Massage Establishment                    |

### Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: Melinda A. NAFF

Please submit the following with this application form:

Site Plan At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

SUP # 2011-0026

**PROPERTY OWNER'S AUTHORIZATION**

As the property owner, I hereby grant the applicant use of 2855 Duke Street (property address), for the purposes of operating a massage establishment (use) business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: COGIKOB1 Ventures, LLC Phone: 703-827-7805

Address: 8410 Old Dominion Drive Email: fbux2@aol.com  
McLean, VA 22102

Signature: [Signature] Date: 4/14/11

**1. The applicant is the (check one):**

- ☐ Owner  
☐ Contract Purchaser  
☒ Lessee or  
☐ Other: \_\_\_\_\_

**of the subject property.**

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

100% Melinda A. NAF  
\_\_\_\_\_  
\_\_\_\_\_

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

- ☐ Yes. Provide proof of current City business license  
☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

## USE CHARACTERISTICS

2. Please give a brief statement describing the use:

MASSAGE / FACIALS TO BE PERFORMED  
BY ESTHETICIAN (FACE WAXING)

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	11-7
Tuesday	11-8
Wednesday	11-8
Thursday	11-8
Friday	11-6
Saturday	11-5
Sunday	11-4:30

4. Please describe the capacity of the proposed use:

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

MAXIMUM OF 8 CLIENTS PER DAY

- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

at least up to 4 people will be employed - only  
one therapist at a time/day will be there & one

5. A. How many parking spaces of each type are provided for the proposed use: ADMIN.

12 Shared with Dr. Office person on  
Standard and compact spaces a part time  
Handicapped accessible spaces basis  
Other

Information requested for location:

Mon Sanctuaire  
2855 Duke Street  
Alexandria, Va. 22314

The space includes one treatment room with a waiting area and bath room.

Services offered: Massage-facials-facial waxing only

I will be the only one offering skin care services, the other two therapists will be offering massage only.

Hours and days:

Monday 11-7 Tuesday 11-8 Wed. 11-8 Thur. 12-8 Friday 11-6 Sat and Sunday 11-4:30

I expect to have no more than 3 therapists working at the location and that includes myself.

Only one therapist will be working a time.

Thank you,

Melinda Naff  
703-304-6537

- B. Please give the number of:  
 Parking spaces on-site \_\_\_\_\_  
 Parking spaces off-site \_\_\_\_\_

If the required parking will be located off-site, where will it be located?

na

**6. Please provide information regarding loading and unloading for the use:**

- A. How many loading spaces are available for the use? na
- B. Where are off-street loading spaces located? \_\_\_\_\_
- C. During what hours of the day do you expect loading/unloading operations to occur? na
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? na

**7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:**

na NONE USED

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: MN THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: MN THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Melinda K. NAFF

Print Name of Applicant or Representative

Melinda K. NAFF

Signature

Date

4-15-11

**If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:**

Representative's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

